

## 2020 ANNUAL REPORT: PDG B-5 HOME VISITING-CHILD WELFARE PROJECT

Submitted by the Erikson Institute DCFS Early Childhood Project

### PROJECT DESCRIPTION:

The Erikson Institute Department of Children and Family Services (DCFS) Early Childhood Project (known as the Erikson DCFS Early Childhood Project) will maintain a full-time Home Visiting (HV) Specialist who will expand access to home visiting for DCFS Intact Families in which the mother is pregnant or a child in the family is less than six months old. Eligible families will be identified by DCFS; for those who consent to home visiting, their information will be sent to the HV Specialist. The HV Specialist will make a referral to evidence-based home visiting and will inform the caseworker on progress of the referral. The HV Specialist will follow up with the home visiting program every two weeks until enrollment has occurred and monthly until the family has been engaged in HV services for at least six months, and will inform the caseworker of the status. Under the project's continuous quality improvement (CQI) plan, a multidisciplinary CQI team will review data on family engagement, referrals, home visits, and selected outcomes on at least a quarterly basis. The HV Specialist will receive weekly reflective supervision and will have access to ongoing professional development. The Erikson Institute DCFS Early Childhood Project also refers eligible families to Early Intervention and will monitor the status of those referrals.

### FAMILIES SERVED:



- **Intact Families identified by DCFS as eligible for the project:** As of 12/4/20, 126 families were identified. The majority of the referrals occurred through a developmental assessment conducted by Developmental/Infant Mental Health (D/IMH) Specialists employed by the Erikson Institute DCFS Early Childhood Project. The D/IMH Specialists completed 114 referrals. Nine referrals came directly through an Intact caseworker. Coordinated Intake sought assistance for two referrals for families involved in placement. One referral came through a hospital that linked the DCFS Division of Child Protection (DCP) investigator to our program.
- **Families that consented to an HV referral:** 122 of the 126 identified families signed consent for referral. The D/IMH Specialist collaborated with the Intact caseworkers to obtain consent by families for referrals. When caseworkers have made direct request for referrals, caseworkers were not able to obtain consent for four of the nine identified families. With all 122, DCFS representatives were essential to obtain consents.
- **Identified families that were referred to an HV program:** Of the 122 families that consented to referrals, 99 families were referred to a specific home visiting program. Typically, a home visiting provider is identified within a week of receiving a request. Re-referrals were needed for six families. For example, a family relocated to a different area of Chicago after the Intact case

closed. The home visiting agency informed the HV Specialist the family was no longer in their service catchment. The HV Specialist submitted a new referral to a home visiting program closer in proximity to the family's new location.

The following information was gathered as to why referrals were not completed for 23 families:

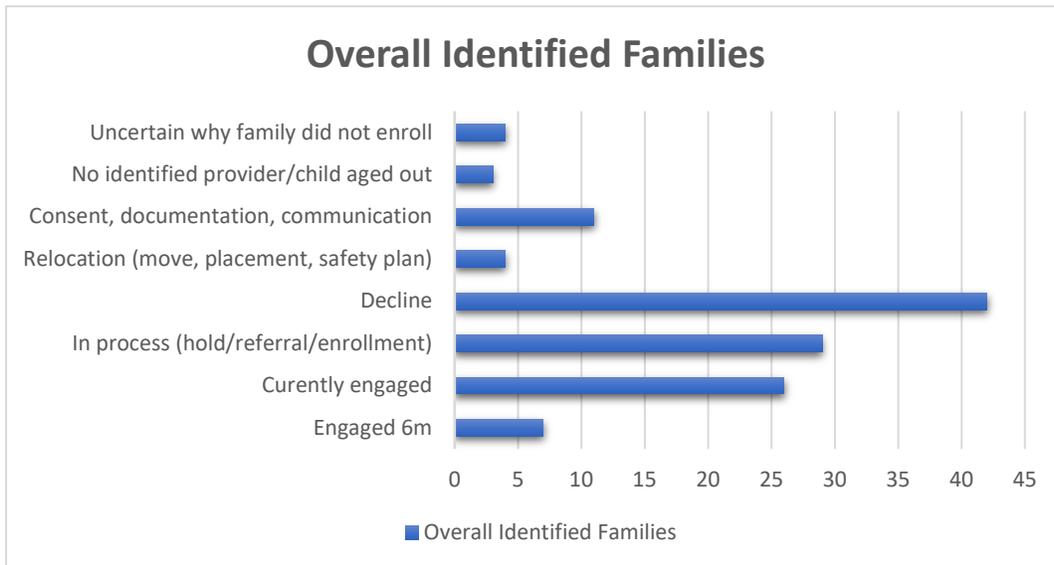
- 12 families declined the referral after consultation with the HV Specialist to learn more about home visiting services.
    - 6 families stated they were not interested in this service.
    - 5 families declined due to priority of other services with Intact.
    - 1 family requested consultation but did not respond to outreach by the HV Specialist.
  - 8 families are in the referral process.
  - 2 referrals are currently on hold. The families requested this referral be revisited after completion of other services for their Intact case.
  - 1 family requested a doula in the Southern Region (St. Clair County), and no doula could be located.
- **Referred Families that enrolled in an HV program:** Of the 99 families referred, the Project confirmed 43 families enrolled in a home visiting program. 43% of referrals resulted in enrollment into a home visiting program. The HV Specialist contact home visiting agencies every two weeks after the referral to confirm if a family is engaged. Intact caseworkers are informed when a family is not responding to a home visitor's outreach. By the time confirmation is received that a family is enrolled, a family may have met with their home visitor twice. Feedback has indicated that parents appreciate the initial time spent in establishing this relationship. One parent did not realize the home visiting program would also connect her to other parents virtually; she has expressed appreciation for this connection.

The following information has been gathered by the Erikson DCFS Early Childhood Project as to why 56 families did not engage with a home visiting program:

- 26 families declined or did not respond during initial outreach by a home visiting program.
  - 19 families are in the enrollment process.
  - 4 families – The home visiting programs state families are not enrolled but did not provide a reason.
  - 3 families could not be reached by a program due to changes in family's contact information.
  - 2 families did not have children in the home due to a safety plan.
  - 2 families did not provide the requested documentation to complete enrollment.
- **Families enrolled in an HV program for at least 6 months:** Of the 43 families enrolled, 33 have been confirmed to be engaged. Stories from the field indicate parents are excited to be a part of their children's learning, families like receiving support to connect older children to their local preschool. One grandmother with her own young child asked for her own home visitor after seeing the support her teenage daughter received from her home visitor.

The following information was gathered as to why 10 families are no longer engaged with a provider:

- 3 families were inconsistent and stopped responding to outreach by the home visitor.
  - 2 families – home visiting program requires separate consent by parent to release information for tracking- Status is not known.
  - 2 families had children age out of home visiting program before six months.
  - 1 family had children placed into foster care. The Governor’s Office of Early Childhood Development (GOECD) consulted and informed the home visiting agency that they could continue services.
  - 1 family relocated. Assistance with a new referral was offered, but the caseworker did not respond.
  - 1 family requested parenting classes instead of home visiting three months into engagement.
- **Families enrolled in an HV program for at least 6 months:** Of the 33 families engaged in home visiting, 7 families continued with home visiting for at least 6 months. Our most recent confirmation was for a family that had DCFS involvement due to abuse and multiple fractures for the four-month old child. The mother connected to counseling and home visiting, and the HV program confirmed the mother was still engaged five months after her Intact case closed.



**Families serviced by HV position funded through the Preschool Development Grant Birth Through Five (PDG: B-5):** The first HV Specialist is designated to cover Cook County, but she assisted with referrals throughout the State prior to the hiring of two additional HV Specialists. For this past year, she completed 85 of the 99 referrals.

**Additional demographic information:**

- The number of families identified by region are: Cook County– 68, Northern Region – 45, Southern Region– 9, and Central Region – 4.

- The average age of primary caregiver is 29 years old. The average age for children referred is 18 months. 38 of the identified families fell in the targeted range of having a child under the age of 6 months or pregnancy.
- 9 of the primary caregivers were pregnant at the point of the referral. Of these 9 families: 5 declined support or did not sign consent for referral; 1 could not be connected to a doula as this resource was specifically requested; 1 was connected to a home visiting with Prevention Initiative/prenatal support; 1 was referred to a home visiting program without prenatal support; and 1 is in the referral process.

### **HOME VISITING PROGRAMS – INFANT/EARLY CHILDHOOD MENTAL HEALTH CONSULTATIONS**

39 agencies accepted home visiting referrals facilitated by the Erikson Institute DCFS Early Childhood Project. Initially as Home Visiting Specialists completed referrals to new home visiting agencies, they asked a set of questions to learn the referral process, home visiting model, access to doula, age criteria, and use of Infant/Early Childhood Mental Health Consultation. Often a separate meeting with HV program staff was necessary to answer these questions because the person receiving referrals may not be the correct point person to answer these questions or, based on the size of the organization, this questionnaire could take fifteen minutes to an hour. The Erikson DCFS Early Childhood Project confirmed 12 home visiting agencies utilized external IECMH consultants, 5 agencies have IECMH consultants internally, and 4 home visiting agencies report not utilizing a consultant. We have not been able to confirm use of Infant/Early Childhood Mental Health Consultation for 18 home visiting agencies.

Home visiting programs vary between utilizing an Infant/Early Childhood Mental Health Consultant internally or externally. There is a wide range in how programs make use of consultants. Some meet once per month as a team with the consultant, while others have individual reflective supervision with supervisors or home visitors based on a family in crisis. Some home visiting programs feel that the support is sufficient to help them engage in direct practice. Other home visiting programs expressed they would increase reflective supervision if they had additional funding or they would want further assistance by a consultant to lead trainings and perinatal groups at times that work with both the home visitor and the family.

For those that do not make use of Infant/Early Childhood Mental Health Consultants, the primary reason was funding – either they never had the funding or chose not to make use of a consultant this year due to budget cuts or projected funding loss due to COVID-19.

Some issues identified by Home Visiting programs as areas they would like additional support are substance use, intimate partner violence, understanding Intact services, prenatal support, and support with shifting outreach and overall stress during COVID-19.

### **CROSS-TRAINING ACTIVITIES**

As the Erikson DCFS Early Childhood Project staff meet with DCFS and DCFS Point of Services (POS) Intact agencies, home visiting programs, and Coordinated Intake, they explore how to strengthen communication and partnerships in each of the four regions (see below). These partnerships consist of several meetings with one or multiple parties in order to engage in a cross-collaborative discussion.

The following highlights the development in each region for these collaborative partnerships between DCFS and Home Visiting.

**Cook County:**

- Cicero: The Erikson DCFS Early Childhood Project presented at an All Our Kids (AOK) meeting, completed an Integrated Referral and Intake System (IRIS) orientation and training, met with Coordinated Intake to discuss the referral system for families involved with Intact services, and connected with the Coordinated Intake and 6 home visiting providers in the area that utilize the Parents As Teachers (PAT) model. A meeting is scheduled in February between Coordinated Intake, home visiting providers, and 3 Intact agencies in this area. Home visiting agencies are considering how supervisors can assist with tracking and assigning home visitors with clinical backgrounds to referrals coming from child welfare.
- Kids Above All has serviced multiple families in Cook County. A meeting occurred (9/15/20) between the director of Kids Above All and the Intact supervisor of Casa Central to discuss how to explain home visiting programs to families and strengthen the referral process.
- Meetings are being scheduled with intact case management teams with Kaleidoscope and Catholic Charities to explain the Erikson DCFS Early Childhood Project and support their teams and families with home visiting referrals.

**Northern Region:**

- Winnebago: Outreach has been made to DCFS/POS supervisors in this area and met four times with Coordinated Intake. A collaborative meeting occurred on 10/21/20 with Coordinated Intake, 4 Intact agencies, and 5 home visiting programs. Prior to this meeting, Intact agencies expressed frustration in not receiving communication as to the status of past referrals through igrow and hesitancy in making referrals. As part of the collaborative meeting, Intact and home visiting programs had the opportunity to answer each other's questions about each program. We've been in discussion with Coordinated Intake as to making direct referrals to home visiting programs but ensuring information is provided to Coordinated Intake. Additionally, the DCFS Intact Supervisor for Winnebago informed the DCFS Intact supervisor covering Jo Daviess, Stephenson, Ogle, Lee, and DeKalb about the home visiting initiative, which led to a meeting 11/19/20 to discuss how to assist with home visiting referrals in their area.
- The Erikson DCFS Early Childhood Project attended the Kane AOK meeting 8/27/20 and a later met with the DCFS Intact supervisor covering Kane, DuPage, Will and Kankakee counties on 9/22/20. This led to a collaborative meeting with Coordinated Intake and DCFS in Kane County on 10/2/20. The Project HV Specialists and Supervisor became an IRIS partner with Will county on 12/4/20. A follow-up meeting with Kane Health Department is scheduled in January 2021 and plan to connect with this DCFS team for the other counties covered.
- McHenry County: In a meeting with a specific home visiting program in McHenry county, the home visiting program supervisor expressed how it would be helpful to have a better understanding of Intact family case management, and for Intact agencies to be better informed as to what home visiting can provide. The home visiting program shared that in the past year there has been an increase in the number of families involved with Intact Family Services that also have court involvement. A meeting has been arranged for 1/14/21 between 5 home visiting programs and 4 Intact agencies.

### **Southern Region:**

- Randolph/Monroe: After a couple meetings with Stronger Beginnings, a home visiting agency that provides regular supportive meetings with various home visiting programs in the area, it was discovered Stronger Beginnings has a strong commitment to working with Intact families. They shared that when they have a waiting list, they will connect families with other surrounding home visiting programs if there are openings. On 12/2/20, a meeting occurred between 3 Intact agencies, 3 home visiting programs, and Child and Family Connections (CFC) to discuss collaboration. From this meeting, Intact workers requested clarity to help them distinguish early childhood programs.
- There have been meetings and correspondence with Coordinated Intake and home visiting programs in St Clair county, Southern Illinois Coalition for Children and Families, and the Southern Seven. Planning is occurring to have a cross-collaboration meeting between Intact agencies and home visiting providers.
- The Erikson DCFS Early Childhood Project is scheduling a meeting in January with DCFS Investigations Teams (DCP) covering Jefferson, Marion, Fayette, Effingham, Clay, Wayne, Wabash, Lawrence, Richland, Jasper, and Crawford counties to understand how to best support referrals for families at this point of engagement.

### **Central Region:**

- The Erikson DCFS Early Childhood Project had multiple meetings (8/11/20, 8/21/20, 10/2/20, 11/13/20) with AOK and home visiting providers in this area and are now an IRIS partner in this community. Initially, DCFS High-Risk Intact case management in this area met with an AOK provider in the early summer and agreed to make direct referrals through IRIS. It was learned in November this has not been occurring. Currently the Erikson DCFS Early Childhood Project is outreaching to schedule a collaborative meeting between Coordinated Intake, home visiting programs, Early Intervention, and Intact agencies for February 2021.
- The Erikson DCFS Early Childhood Project is meeting with Bethany for Children and Families, a POS Intact agency, and the agency's Intact Area Administrator on 1/7/21. These intact team cover Rock Island, Henry, Mercer, Knox, Warren, and Henderson counties.

The DCFS representatives have been excited to come to the table. They very much want to understand how best to connect families to home visiting services. They view this connection as a valuable resource, especially given how challenging it can be to have a growing caseload and find available resources for families. With growing interest from child welfare and home visiting program staff, at this point the primary barrier is having sufficient availability to virtually meet with all the various Intact and home visiting agencies.

### **DATA AND CONTINUOUS QUALITY IMPROVEMENT (CQI)**

As CQI proceeds, delivery of services is improving. Two examples include:

- Parents have expressed feeling overwhelmed in engaging with multiple service providers and asked if the referral could be made at a later point after completing other the required assessments as part of their Intact case. Unfortunately, several of initial these families were not referred to home visiting services as it was not clear as to when to revisit the referral and Intact

case since closed. We since have requested: 1) a specific timeframe to revisit making a referral, and 2) the D/IMH Specialist or caseworker agree to assist when reaching out to the family at the later time.

- Earlier tracking of engagement was yes/no responses by home visiting programs. When asking HV programs for dates of enrollment, it was learned that 10 families previously identified by the HV program as engaged had in fact never fully enrolled in a program. This led to the conclusion that enrollment is a critical time to provide assistance, especially when a home visiting program is having difficulty contacting a family. Home visiting programs are contacted by Erikson DCFS Early Childhood HV Specialists every two weeks to understand the status of referrals Coordinated Intake or home visiting programs and to explore how to be of assistance. Once a family is enrolled, the status of engagement is tracked monthly.

### **Accomplishments and Lessons Learned**

- An Intact agency requested a direct referral to home visiting rather than schedule a developmental assessment. The mother recently gave birth and lost her previous child to Sudden Infant Death Syndrome (SIDS). The agency worried this mother would not engage in services if she felt too overwhelmed by having to retell her story to multiple parties. This mother's story is not unique, as all the families we are servicing have encountered some form of trauma and/or loss. We have informed Coordinated Intake and home visiting programs that these families qualify for home visiting due to child welfare involvement and have asked that HV to lessen how many steps/people a family must interact with before being connected to a home visitor.
- As contacts were made with Coordinated Intake sites across the state, it was discovered that the process is different in each location, involving multiple meetings for clarity. GOECD is assisting to streamline the referral process.
- When families met a major milestone by engaging with home visiting for at least six months, the Erikson DCFS Early Childhood Project decided to send congratulation emails with updates to Intact caseworkers and D/IMH Specialists that assisted in the referral. Stories have emerged regarding how responsive home visiting can be, which include: assisting a parent in obtaining a laptop to continue with her General Educational Development (GED) studies; or a first-time mother of a newborn with cerebral palsy and limited family support continuing with home visiting six months after her Intact case closed and expressing commitment to remain in the program until her child ages out at age three. Caseworkers have remarked on how rewarding it is to hear positive stories for families that are no longer on their caseload and to feel part of making a positive difference for these families.
- It is exciting to have a growing team! Tia Staggers was hired as the Cook County Home Visiting Specialist, and she was the sole Home Visiting Specialist for the State for over a year. Thay Guirguis began as Home Visiting Clinical Supervisor in July 2020. Shamyra Brown started as the Home Visiting Specialist for the Southern Region in September 2020, and Melanie Koch was hired in November 2020 for the Northern Region. Adaptability has been a huge strength of the team. For example, even though Shamyra Brown is assigned the southern counties of the State, she has assisted with multiple referrals in northern counties of the state. Each Home Visiting Specialist builds a network within their region and learns how to navigate other regions to assist with varying demands.

## DATA BARRIERS

- The collection of data on Intact families is always challenging because it requires specific parental consent; parents may consent to making use of the linkage but not consent to their information being shared for evaluation purposes.
- The data desired for the evaluation is held in very different places:
  - The Erikson DCFS Early Childhood Project's HV Specialists hold the tracking of their activities, outreach, and any information gathered. These data need to be held in a place where project staff have easy access to the ongoing activity information.
  - Much of the demographic data is held in administrative data by DCFS.
  - Outcome data sought for evaluation is held by Home Visitors.

## RECOMMENDATIONS

- Our Home Visiting Specialists are: 1) linking and tracking home visiting referrals; and 2) networking with Coordinated Intake, Home Visiting Agencies, and DCFS Intact agencies. As mentioned earlier in this report, DCFS representatives are essential in obtaining consents and supporting referrals. As referrals and meetings expand in 2021, it will be vital to safeguard the HV Specialist's time so they can build stronger relationships with the various DCFS representatives across the state. Support to streamline the referral process and data collection will assist HV Specialists in being more available to outreach with DCFS representatives.
- Hiring a qualified candidate for the Central Region will assist in increasing referral numbers in this region. Currently, the Central Region is divided between our Southern and Northern Home Visiting Specialists. Additional support is needed to identify qualified candidates.
- At this time, HV Specialists have begun to ask home visiting programs about their use of Infant/Early Childhood Mental Health Consultation when they reach out about individual cases. As these inquiries are new, it will be some time before any patterns or more extensive understanding of usage can be gathered by the HV Specialists. One suggestion is for the HV system to also ask their programs to report out on their usage of Infant/Early Childhood Mental Health consultants. As the Consultants must be requested by the HV program, HV programs themselves would be best suited to report on usage.
- Family friendly consent must be developed that has parents sign for their data to be released by multiple sources in order for evaluation activities to occur; a draft is in progress.
- Any data and evaluation system developed by these multiple entities across allow the holder of the data efficient ways to share their information (i.e. the HV Specialist or the HV providers). Any process that involves one person collecting information from one part of the system and then having to enter secondhand data compromises the accuracy and leads to system inefficiencies; these inefficiencies result in data that is not up to date and, therefore, a delay in evaluation activities.
- The data for 126 families was gathered on 12/4/20. DCFS dispersed an updated Intact policy in November 2020 that promoted [DCFS.HomeVisiting@illinois.gov](mailto:DCFS.HomeVisiting@illinois.gov) as a pathway to submit home visiting referrals. Since obtaining access to this email box, case managers have submitted requests for home visiting from 31 families. These agencies had already received outreach from the Erikson DCFS Early Childhood Project for the majority of these families. This duplication is not an efficient use of case manager or Home Visiting Specialist resources or time. The Erikson DCFS Early Childhood

Project HV Specialists are clarifying with caseworkers that parents first understand and sign consent to agree to a home visiting referral before the HV Specialist can support a HV referral, though the Erikson DCFS EC Project can always provide consultation to case managers about a family. Multiple pathways are in place to make home visiting referrals. It will be essential to establish and protect an integrated system so this can be a seamless experience for all parties.

## **CHILD WELFARE AND EARLY INTERVENTION**

### **Families Served:**

- **Intact Families Statewide from FY 20:**

Intact Families with children birth to three (cases come in throughout the fiscal year, so 26% of 3,015 family cases are still in progress):

- Individual outreach occurred to case managers of 3,015 families with young children birth to age three.
- Directly assessed 476 children; completed 496 consultations with case managers on young children.

- **Screened Intact Families identified with a concern:**

- 199 relationship-based referrals to Early Intervention (EI) were made.
- Assuring these referrals were completed took 349 outreach attempts by DCFS Early Childhood staff.

- **Intact Families with an identified concern that consented to an EI referral:**

Parents consent to a referral at the same time they consent to assessment. Erikson Institute DCFS Early Childhood Project staff work hard to help parents see the ways a referral can help them. In order to comply with the obligation that children must be referred when a delay is identified, all children are referred to Early Intervention when the assessment indicates the need. We note when the parent disagrees with the referral, as EI is a voluntary service and parents maintain their right to refuse the referral when the EI Service Coordinator contacts them. However, the number of families referred will always match the number of children who are found to have a delay.

- **Intact families receiving EI services:**

- The COVID-19 pandemic has significantly taxed all systems, and Early Intervention is no exception. The model of the Department of Human Services (DHS) Early Intervention program is based entirely on in-person contact; eliminating or greatly reducing in-person contact significantly disrupted the ability to provide services. While children who already had Individualized Family Service Plans (IFSPs) and service providers were often able to transition to telehealth services, the initial assessment and re-assessment of new children, and locating providers to serve them, became very difficult. The impact of COVID-19 on the EI workforce should not be underestimated, and assessment of the impact is ongoing but difficult as the EI system continues to adjust to current conditions.
- These unavoidable delays and system stresses mean that the Erikson DCFS Early Childhood Project has not been able to collect specific data on how our Project's referrals to Early Intervention have proceeded. At this time, our outreach to obtain information about our

cases has just restarted. The timeline under which outcomes for referrals will be obtained is unknown given all system stresses.

- **Demographic information on these families, including race, ethnicity, age, primary language, geographic region, and age of child is not easily obtained.**

The Erikson DCFS Early Childhood Project does not have a database that holds this information. DCFS is the holder of demographic information about the families it serves.

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